BEST AVAILABLE COPY

	V	DETERMINATION RECOF	20
CATELIT	ABBI INATION CEE	RETERMINATION RECUP	าย
VAIPNI	APPLICATION FEE	DE LEI IIIIII I LA COLO COLO COLO COLO COLO COLO COLO C	

Effective October 1, 2000

Application or Docket Number

09894260

1.	• •	LIICU	AE OCIODO!	.,	· ·				10 7	Td	0	
CLAIMS AS FILED - PART (Column 1)				(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS		ic				ſ	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS / minus 20=			s 20=	• —			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			us 3 =	3			X40=		OR	X80=	240	
MULTIPLE DEPENDENT CLAIM PRESENT							+135=	Ì	OR	+270=		
211.1	he difference i	n column 1 is	less than zer	o, enter	"0" in co	olumn 2	1	TOTAL		OR	TOTAL	950
** *5	CL	AIMS AS A	MENDED	- PAR (Colum		(Column 3)		SMALL E	NTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT			EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MG DW	Total	• \3	Minus	•• \	<u>~</u>	=		X\$ 9=		OR	X\$18=	
MEN	Independent	• (¿	Minus	***	6	=		X40=		ÓR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN.	CLAIM		j	+135€		OR	+270=	
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)			mn 2)	(Column 3)	<u>)</u>			_		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ž Ž	Total	•	Minus	**		= .		X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	•	Minus	***	T C/ A124	=	4	X40=		OR	X80=	
ال	FIRST PRESE	NTATION OF	AULTIPLE DEF	ENDEN	CLAIM	<u></u>	_1	+135=		OR	+270=	_
								TOTAL ADDIT. FEE		OR	TOTA ADDIT. FE	
		(Column 1)	1	(Colu	ımn 2)	(Column 3	<u>3)</u>					
NT C	7/2	CLAIMS REMAINING AFTER AMENDMEN	30.00	HIG NU PREV	HEST MBER NOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total		Minus	••		=		X\$ 9=		OF	X\$18=	
MEN	Independent	•	Minus	***		=	4	X40=		OF	X80=	
	FIRST PRESI	ENTATION OF	MULTIPLE DE	PENDEI	NT CLAIR	и <u>П</u>		+135=		OF	070	
.	If the entry in col	umn 1 is less tha	n the entry in col	ບ ກ າກ 2, W	rite "0" in c	olumn 3.		TOTAL	-	4	TOTA	u -
	* If the "Highest N	umher Previously	Paid For IN TH	IS SPACE	E is loss ti	tan 20, enter 4 han 3 enter "3		ADDIT, FEE	·	OF oox in	ADDIT. FE	